

New Jersey Farm Link Program
State Agriculture Development Committee
PO Box 330
Trenton, NJ 08625



Farmland Seller Questionnaire

This form is to be completed by prospective participants in the Farm Link Program. Please answer the following questions as completely as possible. If you have any questions, please call 609-633-2593.

Farmland Seller Questionnaire (Please complete Addendum A if the seller is a multiple partnership, etc.)

PARTICIPANT'S LAST NAME	FIRST NAME	MIDDLE INITIAL
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FARM, CORPORATE OR BUSINESS NAME

FORM OF BUSINESS (USE CODE FROM APPENDIX A, ITEM A)

ADDRESS	CITY
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COUNTY	STATE	ZIP
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HOME PHONE	WORK PHONE	FAX
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IF THE ADDRESS OF THE FARM IS DIFFERENT FROM THAT OF THE PARTICIPANT, PLEASE FILL IN THE FOLLOWING INFORMATION:

ADDRESS	CITY
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COUNTY	STATE	ZIP
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LIST THE BLOCK(S) AND LOT(S) OF THE FARMLAND:

IS YOUR HOME LOCATED ON THIS FARM? ____ YES ____ NO

DO YOU INTEND TO INCLUDE THE HOME AS PART OF THE FARMLAND SALE? ____ YES ____ NO

WHAT, IF ANY, ALTERNATIVE HOUSING IS AVAILABLE (EXCLUSIVE OF FARM LABOR HOUSING) ?

DESCRIBE ALL HOUSING (STYLE, SIZE, AGE, CONDITION, NUMBER OF BEDROOMS, TYPE OF HEAT, ETC.)

IDENTIFY THE TYPE OF FARM OPERATION. (PLEASE USE CODES LISTED IN APPENDIX A, ITEM B) _____

DO YOU CURRENTLY OWN LIVESTOCK? ____ YES ____ NO

IF YES, LIST THE LIVESTOCK AVAILABLE FOR THE FARM TRANSFER (INDICATE TYPE AND NUMBERS, GRADE OR REGISTERED):

DO YOU CURRENTLY OWN FARM EQUIPMENT? ____ YES ____NO

IF YES, LIST THE EQUIPMENT AVAILABLE FOR THE FARM TRANSFER (TYPE AND CONDITION OF MAJOR EQUIPMENT):

WHAT IS THE TOTAL ACREAGE YOU CONTROL? (OWN, LEASE, ETC.) _____ACRES

TOTAL OWNED _____ CROP ACRES _____ PASTURE ACRES _____ WOODLAND ACRES _____

TOTAL LEASED _____ CROP ACRES _____ PASTURE ACRES _____ WOODLAND ACRES _____

DESCRIBE BUILDINGS AND FACILITIES THAT YOU OWN OR CONTROL THAT MIGHT BE USED IN THE FARM TRANSFER (PLEASE NOTE SIZE, AGE, CAPACITY AND CONDITION OF FACILITIES. RATE THE CONDITION AS BEING POOR, FAIR, GOOD OR EXCELLENT.):

LIVESTOCK/POULTRY/DAIRY FACILITIES

FEED STORAGE

MANURE STORAGE

EQUIPMENT STORAGE

FARM LABOR HOUSING/OTHER OUTBUILDINGS

TYPE AND CONDITION OF FENCING

SEPTIC SYSTEM

IRRIGATION SYSTEM

ELECTRICAL SYSTEM

NURSERY STOCK (TYPE AND QUANTITY IN ACRES)

HOW DO YOU ENVISION A TRANSITION TAKING PLACE? WHAT IS THE TYPE OF BUSINESS ARRANGEMENT YOU DESIRE?

☐ PURCHASE ☐ OPTION TO PURCHASE ☐ SHARE ☐ LEASE
☐ EMPLOYEE/EMPLOYER (WORKING AGREEMENT WITH FUTURE TRANSFER) ☐ LEASE WITH OPTION TO PURCHASE
☐ LIKE-KIND EXCHANGE

COMMENTS:

IF YOU ARE CONTEMPLATING SELLING YOUR FARM, WHAT PRICE ARE YOU SEEKING? _____

IS THE FARM CURRENTLY ELIGIBLE FOR REDUCED PROPERTY TAXATION UNDER THE FARMLAND ASSESSMENT ACT?

☐ YES ☐ NO

DOES THE FARM OPERATION CURRENTLY PRODUCE AGRICULTURAL/HORTICULTURAL PRODUCTS WORTH \$2500 OR MORE ANNUALLY?

☐ YES ☐ NO

WHAT IS THE CURRENT MUNICIPAL ZONING OF THE AREA IN WHICH THE FARM IS LOCATED? _____

ARE THERE ANY USE RESTRICTIONS THAT LIMIT YOUR FARM OPERATION? ☐ YES ☐ NO IF YES, PLEASE DESCRIBE:

IS THE FARM IN A FARMLAND PRESERVATION PROGRAM? ☐ YES ☐ NO IF YES, PLEASE SPECIFY PROGRAM _____

HOW LONG DO YOU WANT OR EXPECT THIS TRANSFER TO TAKE?

MINIMUM TIME _____ (YRS/MONTHS) MAXIMUM TIME _____ (YRS/MONTHS)

COMMENTS:

PLEASE BE ADVISED THAT ALL INFORMATION SUPPLIED BY THE FARM SELLER(S) WILL ONLY BE USED FOR THE FARM LINK PROGRAM.

I CERTIFY THAT THE FOREGOING STATEMENTS MADE BY ME ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF AND ARE MADE IN GOOD FAITH FOR THE PURPOSE OF PARTICIPATING IN THE NEW JERSEY FARM LINK PROGRAM.

I GIVE THE NEW JERSEY FARM LINK PROGRAM PERMISSION TO RELEASE MY NAME, ADDRESS, PHONE NUMBER AND ANY OTHER INFORMATION PROVIDED IN THIS QUESTIONNAIRE TO PERSONS WHO ARE INTERESTED IN DISCUSSING A POSSIBLE BUSINESS ARRANGEMENT WITH ME.

SIGNATURE OF FARM SELLER/AGENT

DATE

PLEASE RETURN COMPLETED FORM TO:
STATE AGRICULTURE DEVELOPMENT COMMITTEE
PO BOX 330
TRENTON, NJ 08625
ATTN: NEW JERSEY FARM LINK

APPENDIX A

Please use the following codes when completing the Questionnaire.

C:\ABC\ANNUALREPORT\FARM LINK PROGRAM\FARMLINKSELLERQUESTIONNAIRE.DOC

A. FORM OF BUSINESS

TYPE	CODE
Sole proprietor (Husband & Wife)	(01)
Multiple proprietors	(02)
Corporation	(03)
Partnership	(04)
Estate	(05)
Trust	(06)
County	(07)
Municipality	(08)
Conservation Org.	(09)
Institution	(10)

B. STANDARD INDUSTRIAL CLASSIFICATION CODES (S.I.C.)

01	Agricultural Production-Crops	0252	Chicken Eggs
0111	Wheat-Cash Grain Farms	0253	Turkeys & Turkey Eggs
0112	Rice-Cash Grain Farms	0254	Poultry Hatcheries
0115	Corn-Cash Grain Farms	0259	Poultry & Eggs nec
0116	Soybeans-Cash Grain Farms	0271	Fur-bearing Animals & Rabbits
0119	Cash Grain nec	0272	Horse & Other Equine
0131	Cotton-Field Crop Farms	0279	Animal Specialties nec
0132	Tobacco-Field Crop Farms	0279A	Fish Farms
0133	Sugar-Field Crop Farms	0279B	Bee Farms
0134	Irish Potatoes-Field Crop Farms	0291	General Farm Livestock
0139	Field Crop Farms Except Cash Grains	(Nec) = Not elsewhere classified	
0161	Vegetable & Melon Farms		
0171	Berry Farms		
0172	Grape Farms		
0173	Tree Nut Farms		
0174	Citrus Fruit Farms		
0175	Deciduous Tree Fruit Farms		
0179	Fruit & Tree Nut Farms nec		
0181	Ornament Nursery Products		
0182	Food Crops Grown Undercover		
0189	Horticulture Specialties		
0191A	General Farming nec		
02	Agricultural Production Livestock		
0211	Beef Cattle Feedlots		
0212	Beef Cattle Except Feedlots		
0213	Hogs		
0214	Sheep & Goats		
0219	General Livestock nec		
0241	Dairy Farms		
0251	Fowls, Broilers & Fryers		

ADDENDUM A

MULTIPLE PROPRIETOR/PARTNER/CORPORATE OFFICER/TRUST/EXECUTOR/EXECUTRIX

1. Last name: _____
First name: _____ M.I. _____

Is the individual a partner? (Y/N) _____.
Is the individual an executor/executrix? ((Y/N) _____.
Is the individual a multiple proprietor? (Y/N) _____.
Is the individual a corporate officer? (Y/N) _____.
Is the individual a trustee? (Y/N) _____.
Is the individual the primary contact? (Y/N) _____.

2. Last name: _____
First name: _____ M.I. _____

Is the individual a partner? (Y/N) _____.
Is the individual an executor/executrix? ((Y/N) _____.
Is the individual a multiple proprietor? (Y/N) _____.
Is the individual a corporate officer? (Y/N) _____.
Is the individual a trustee? (Y/N) _____.
Is the individual the primary contact? (Y/N) _____.

3. Last name: _____
First name: _____ M.I. _____

Is the individual a partner? (Y/N) _____.
Is the individual an executor/executrix? ((Y/N) _____.
Is the individual a multiple proprietor? (Y/N) _____.
Is the individual a corporate officer? (Y/N) _____.
Is the individual a trustee? (Y/N) _____.
Is the individual the primary contact? (Y/N) _____.